

NORTHWIND CIGARETTE TEST REPORT FORM

Use this form to record your opinion of Northwind cigarettes as soon as you are sure how you feel about them -- preferably after you have smoked both packs.

It will be easier for you -- when we phone you -- to have this report form handy to refer to when you answer our questions.

1. How do you feel about Northwind cigarettes -

(a) TASTE.	() Very Strong Taste	() Strong Taste	() Average Taste	() Mild Taste	() Very Mild Taste
(b) HOW DID YOU LIKE THE TASTE . . .	() Like It Very Much	() Like It Fairly Well	() It's Just OK	() Don't Like It Very Much	() Don't Like It At All
(c) HOW DID YOU LIKE THE COOLNESS. . .	() Like It Very Much	() Like It Fairly Well	() It's Just OK	() Don't Like It Very Much	() Don't Like It At All
(d) OVERALL...HOW DID YOU LIKE THEM?. . .	() Like Them Very Much	() Like Them Fairly Well	() They're Just OK	() Don't Like Them Very Much	() Don't Like Them At All

2. What, if anything, did you dislike about the Northwind cigarettes?

3. What, if anything, did you like about the Northwind cigarettes?

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